Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the included case. The amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Behmark Office, Was 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for This. Box CPA, Was 03/P3/2001 SSFSHF1 00000015 08940544

02 FC:202 03 FC:217

Copies of IDS Citations

355.00 OP 40.00 DP 445.00 OP

PTO/SB/29 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CLAIMS	(1) FOR	(2) NUMBER FILED	D (3) NUMBER EXTRA		(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c) or (j))	20 -20* =	0		x \$	= \$ 710.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b) or (i))	4 -3** =	1		x\$_80	= 80.00
	MULTIPLE DEPENDENT C	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) + \$ =				=
	BASIC FEE (37 CFR 1.16)					:
	Total of above Calculations =					790.00
	Reduction by 50% for filing t	teduction by 50% for filing by small entity (Note 37 CFR 1.27).				
	* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent. TOTAL =					= 395.00
8.	ees required under 37 C eck in the amount of \$_ nent by credit card. Forr icant requests suspension to exceed 3 months) and Attorney Docket Number for application Attorney Docket Not Receipt For Facsimile To Return Receipt Postcard er:Applicant	840,00 n PTO-2038 is att on of action under of the fee under 37 er, if desired transmitted CPA (Fig. (Should be specifical)	ached. 37 CFR 1.1 CFR 1.17(i s CPA unless e PTO/SB/29/	103(b) for a list of the list	eed. Oocket Number has	been provided herein.]
NOTE:	The prior application UNLESS a new corres	•		-	er to this CPA	
		14. NEW CORRES			3	
Customer Number or Bar Code Label (Insert Custome) Code label here)						
Name	PMTENT TRADEMARY OFFICE					
Address						
City		State	, [Zip Code	
Country		Telephone	970-	468-6	500 Fax	970-468-0104
15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED						
	15. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED Name (Print Type) Marina T. Larson, PH.D. Signature					

[Pag 2 of 2]

March 19, 2001

32,038

Registration No. (Attorney/Agent)

Date